(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
` ' ' ' '						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



200375541002

2021 NOV 12 AM 11: 46

NOV 15 2021 IALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 223536 8312731

AUTHORIZATION : Squall Be

COST LIMIT : \$\frac{25}{.60}

ORDER DATE: November 12, 2021

ORDER TIME : 8:54 AM

ORDER NO. : 223536-005

CUSTOMER NO: 8312731

CHANGE OF AGENT

NAME: G5 FOOD LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

3 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company:	.C			
2. (a)	10807 WHITEHAWK ST	- -	10807 W	/HITEHAWK ST	•
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST	
	PLANTATION, FL 33324		PLANTA	TION, FL 33324	
	10/19/2021		L2100045	54446	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	G5 JONES LLC				
z. (a)	Registered Agent and Registered Office shown on the records	s of the Florid	a Dept. of Stat	te:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	20
					20211:0" 12
	PLANTATION	33324		_	Έ.
(b)	·	FL		_	12
	Corporation Service Company				E :
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			<u> </u>	
					.
	1201 Hays Street			_	
	NEW Registered Office Address:				
	Tallahassee	32301		_	
	· ·	FL_		_	
change agent v was/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the companical street are considered.	the register I liability co rs of the lim	ed office an ompany, it is nited liabilit	nd the business office of is hereby confirmed that ty company or as other	of the registered at the change(s)
/s/ Reshad Jones		Res	Reshad Jones, Authorized Person		
Signa	ture of a member or authorized representative of a member			Printed or typed name of	signee
provisi the obl to mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provi ely reflect a change in the registered office address, d in writing of this change.	agree to act gie perform ided for in C I hereby co	in this cap ance of my Chapter 605 onfirm that	acity. I further agree duties, and I am famili 5, F.S. Or, if this docu the limited liability co	to comply with the iar with and accept ment is being filed mpany has been
Signatu Grace	re of Registered Agent E. Kirby, Asst. Vice President, on behalf of Corpo	ration Serv	ice Compar	ny	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)